Updating order sets with SARCLISA ESCENA™ (isatuximab-irfc) injection, for subcutaneous use

Instructions for the Oracle Health® EHR system

EHR, electronic health record.

INDICATIONS

SARCLISA ESCENA (isatuximab-irfc) is indicated:

- in combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT)
- in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy
- in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including lenalidomide and a proteasome inhibitor

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SARCLISA ESCENA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

Please see Important Safety Information throughout and full Prescribing Information.

SARCLISA ESCENA™
(isatuximab-irfc)
Injection for subcutaneous use
1,400 mg/10 mL

sanofi

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Hypersensitivity and Other Administration Reactions

SARCLISA ESCENA can cause both systemic administration reactions (SARs), including severe or life-threatening reactions, and local injection-site reactions (ISRs).

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1 Overview and limitations

This document is intended to provide health systems with instructions to update order sets with SARCLISA ESCENA™ with CirCLIQ™ in the Oracle Health® electronic health record (EHR) system, within the approved indications and consistent with Prescribing Information.

These instructions are specific to SARCLISA ESCENA. This guide is for the Oracle Health EHR system. This guide is not appropriate for other conditions, treatments, or therapeutic areas for any other EHR system.

The process outlined in this document is variable, and not all steps will apply to every organization. Any steps or settings that are not part of an organization's standard process should be excluded or modified accordingly. Any questions should be directed to the appropriate service provider. The organization is solely responsible for implementing, testing, monitoring, and the ongoing operation of any EHR tools.

2 Background and indications

Sanofi is providing its customers with information needed to update health system EHR order sets with SARCLISA ESCENA.

INDICATIONS

SARCLISA ESCENA (isatuximab-irfc) is a CD38-directed cytolytic antibody indicated:

- in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including lenalidomide and a proteasome inhibitor
- in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy
- in combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT)

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Systemic Administration Reactions

In a pooled safety population of 411 patients with multiple myeloma who received SARCLISA ESCENA in combination with pomalidomide and dexamethasone (Pd); carfilzomib and dexamethasone (Kd); and bortezomib, lenalidomide, and dexamethasone (VRd) (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), SARs occurred in 3.2% (Grade 1: 2.2%, Grade 2: 0.7%, Grade 3: 0.2%) of patients. SARs occurred at the first administration in 1.9% of patients and at subsequent administrations in 1.5% of patients. The median time to onset was 4 hours (range: 12 minutes to 3 days). The most frequently reported symptoms of SARs (all below 1%) were pyrexia and dyspnea, and the most frequently reported Grade ≥3 symptom was dyspnea (not collected in IsaSocut study). In multiple myeloma clinical trials with intravenous isatuximab-irfc, anaphylactic reactions occurred in <1% of patients.

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3 Considerations

Suggested order set content

Key clinical details from the SARCLISA ESCENA™ Prescribing Information are included below and may be incorporated as part of the order set update based on steps in the *Instructions* section that follows. Details chosen here from the Prescribing Information data serve as suggestions, and it is strongly recommended that clinical and operational leadership align the order set contents with the expectations and goals of the organization. The organization may add or edit any details, as desired, to align with governing EHR policies and standards.

Please consult the most recent version of the SARCLISA ESCENA Prescribing Information for full medication details.

EHR, electronic health record.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Systemic Administration Reactions (cont'd)

To decrease the risk and severity of SARs, premedicate patients prior to SARCLISA ESCENA administration with leukotriene receptor antagonists (at cycle 1 only), acetaminophen, diphenhydramine or equivalent, and dexamethasone.

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3 Considerations (cont'd)

Dosage and administration

Recommended dosage

- Administer premedications before SARCLISA ESCENA™ administration *[see Dosage and Administration (2.3)]*
- SARCLISA ESCENA should be administered by a healthcare provider *[see Warnings and Precautions (5.1)]*
- Patients currently receiving SARCLISA® IV (isatuximab-irfc) may transition to SARCLISA ESCENA solution for injection after the completion of the first cycle

The recommended dose of SARCLISA ESCENA is 1,400 mg administered as a subcutaneous injection with the CirCLIQ™ On-Body Delivery System (OBDS) or with a syringe and injection set for manual administration, in combination with pomalidomide and dexamethasone, or in combination with carfilzomib and dexamethasone, or in combination with bortezomib, lenalidomide, and dexamethasone

SARCLISA ESCENA is used in combination with pomalidomide and dexamethasone, or in combination with carfilzomib and dexamethasone, or in combination with bortezomib, lenalidomide, and dexamethasone.

SARCLISA ESCENA dosing schedules are provided in Tables 1 and 2 *[see Clinical Studies (14)]*.

Table 1: SARCLISA ESCENA dosing schedule in combination with pomalidomide and dexamethasone or in combination with carfilzomib and dexamethasone

Cycles	Dosing schedules
Cycle 1 (28-day cycle)	Days 1, 8, 15, and 22 (weekly)
Cycle 2 and beyond (28-day cycles)	Days 1, 15 (every 2 weeks)

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Systemic Administration Reactions (cont'd)

In case of grade 2 SAR during SARCLISA ESCENA administration, stop current administration and do not complete it. Administer additional premedication, as needed, for subsequent SARCLISA ESCENA administration. In case of grade 3 SAR during SARCLISA ESCENA administration, stop current administration and do not complete it. SARCLISA ESCENA administration may be resumed at the next planned administration. In case of a third occurrence of a grade 3 SAR, permanently discontinue SARCLISA ESCENA treatment. In case of grade 4 SAR, permanently discontinue SARCLISA ESCENA treatment.

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3 Considerations (cont'd)

Table 2: SARCLISA ESCENA™ dosing schedule in combination with bortezomib, lenalidomide, and dexamethasone

Cycles	Dosing schedules
Cycle 1 (28-day cycle)	Days 1, 8, 15, 22 (weekly)
Cycles 2 to 12 (28-day cycles)	Days 1 and 15 (every 2 weeks)
Cycles 13 and beyond (28-day cycles)	Day 1 (every 4 weeks)

Treatment is repeated until disease progression or unacceptable toxicity.

For dosing instructions of combination agents administered with SARCLISA ESCENA, see *Clinical Studies (14)* and manufacturers' Prescribing Information.

Missed SARCLISA ESCENA doses

If a planned dose of SARCLISA ESCENA is missed, administer the dose as soon as possible and adjust the treatment schedule accordingly, maintaining the treatment interval.

IV, intravenous; PO, by mouth.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Injection Site Reactions

In clinical trials of SARCLISA ESCENA in combination with Pd, Kd, or VRd (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), injection site reactions (ISRs) with SARCLISA ESCENA administration were reported in 9% (8% Grade 1 and 1.5% Grade 2) of patients and in 0.86% of injections. Among the SARCLISA ESCENA injections with ISRs, 82% occurred the day of the administration and 4.2% were delayed by at least 3 days. With SARCLISA ESCENA + Pd and SARCLISA ESCENA + Kd, 5% of patients experienced symptoms of ISR (not collected in IsaSocut study). The most frequent (≥1%) symptoms of ISR were injection site erythema (3.3%), injection site swelling (2.1%), and injection site pain (1.5%).

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3 Considerations (cont'd)

Recommended premedications and antimicrobial prophylaxis

Recommended premedications

Administer the following premedications 15 to 60 minutes prior to SARCLISA ESCENA™ administration to reduce the risk and severity of systemic administration reactions *[see Warnings and Precautions (5.1)]*:

- When administered in combination with SARCLISA ESCENA and pomalidomide: Dexamethasone 40 mg PO or IV (or 20 mg PO or IV for patients 75 years of age or older)
- When administered in combination with SARCLISA ESCENA and carfilzomib: Dexamethasone 20 mg PO or IV
- When administered in combination with SARCLISA ESCENA, bortezomib, and lenalidomide:
  - Dexamethasone 20 mg PO
  - Leukotriene receptor antagonists, at Cycle 1 only (Days 1, 8, 15, and 22)
  - Acetaminophen 650 mg to 1,000 mg PO
  - Diphenhydramine 25 mg to 50 mg PO or IV (or equivalent). The IV route of diphenhydramine is preferred for at least the first 4 administrations of SARCLISA ESCENA

The recommended dose of dexamethasone (PO or IV) corresponds to the total dose to be administered before SARCLISA ESCENA administration as part of the premedication and part of the backbone treatment *[see Clinical Studies (14)]*.

If no systemic administration reaction occurs during Cycle 1, assess patient-specific factors and consider omitting subsequent premedication during future treatment cycles.

Recommended antimicrobial prophylaxis

Initiate antibacterial and antiviral prophylaxis (such as herpes zoster prophylaxis) if needed based on standard guidelines *[see Warnings and Precautions (5.2, 5.3)]*.

Dosage modifications for adverse reactions

No dose reduction of SARCLISA ESCENA is recommended. Dose delay or omission may be required *[see Warnings and Precautions (5.1, 5.2)]*.

Preparation and administration

For complete preparation and administration instructions, see sections 2.5 and 2.6 of the SARCLISA ESCENA Prescribing Information.

IV, intravenous; PO, by mouth.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Injection Site Reactions (cont'd)

In case of grade 2 ISR during administration of SARCLISA ESCENA, interrupt it and resume it only after recovery to grade ≤1 with pauses during the administration (if using OBDS) or a slower administration (if manual injection). If the Grade 2 ISR occurs after the administration, continue SARCLISA ESCENA treatment after recovery to grade ≤1. In case of grade 3 or 4 ISR, permanently discontinue SARCLISA ESCENA treatment.

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4 Instructions

An existing PowerPlan may be used as the foundation for a new one. Consider modifying an existing PowerPlan that includes SARCLISA as a starting template, while saving the original PowerPlan.

Step 1: Find an existing PowerPlan to modify

1. Open DCP tools
2. Select the PowerPlan tool in the *Order Management* section
3. Click Task > Open Plan to search for an existing PowerPlan
4. Enter search terms specific to each indication to find an existing PowerPlan that may serve as a template to optimize. Double-click on the plan to display its contents

   Note: The existing PowerPlan will only serve as a template for the new SARCLISA ESCENA™ PowerPlan. If the original PowerPlan used to create the new SARCLISA ESCENA PowerPlan includes SARCLISA, confirm it is retired or removed from the EHR production system according to the organization's EHR governing principles

   - If no relevant PowerPlans exist, create a new one: Click Tasks > New Plan, define all clinical subcategories, and select orderable items as desired

DCP, dynamic clinical plan; EHR, electronic health record.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Injection Site Reactions (cont'd)

In case SARCLISA ESCENA administration using CirCLIQ OBDS needs to be paused, refer to the OBDS Instructions for Use.

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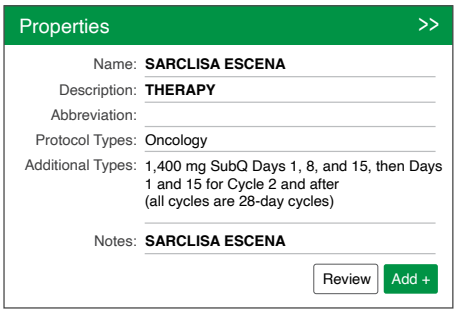
4 Instructions (cont'd)

Step 2: Modify the PowerPlan to include SARCLISA ESCENA™

1. Update the PowerPlan name as desired, for example:
   a. "2L MM with SARCLISA ESCENA in combination with pomalidomide and dexamethasone (Isa-Pd)"
   b. "2L RRMM with SARCLISA ESCENA in combination with carfilzomib and dexamethasone (Isa-Kd)"
   c. "1L NDMM, not eligible for ASCT, with SARCLISA ESCENA in combination with bortezomib, lenalidomide, and dexamethasone (Isa-VRd)"
2. Update the description as desired
3. In the reference text field, enter the following text:

   SARCLISA ESCENA Prescribing Information: https://products.sanofi.us/sarclisa-escena/sarclisa-escena.pdf

   Additional resources for HCPs and patients: https://pro.campus.sanofi/us/products/sarclisa/clinical-access-resources
4. Click OK
5. In the evidence text field, add any desired links to evidence-based or SARCLISA ESCENA resources
6. Click the *Treatment Regimen* section to update the treatment regimen. Select 28 for the number of days in each cycle (4-week cycle)
   - Select the Medications category. Enter "SARCLISA ESCENA with CirCLIQ" in the Start Search field in the lower right-hand panel. Click the right arrow to move SARCLISA ESCENA with CirCLIQ™ to the Current List box and click Add *[see Dosage and Administration (2)]*
   - See the SARCLISA ESCENA dosing schedules in Tables 1 and 2 of the Prescribing Information



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1L, first line; 2L, second line; ASCT, autologous stem cell transplant; HCP, healthcare provider; MM, multiple myeloma; NDMM, newly diagnosed multiple myeloma; RRMM, relapsed/refractory multiple myeloma.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Neutropenia

Neutropenia was reported in patients receiving SARCLISA ESCENA subcutaneously in combination with Pd, Kd, or VRd. In clinical trials of SARCLISA ESCENA (IRAKLIA, IZALCO, and IsaSocut, N=411), neutropenia occurred in 86% of patients based on laboratory value. Grade 3-4 neutropenia occurred in 66% of patients based on laboratory value. Febrile neutropenia was reported in 3.4% and neutropenic infections occurred in 13% of patients.

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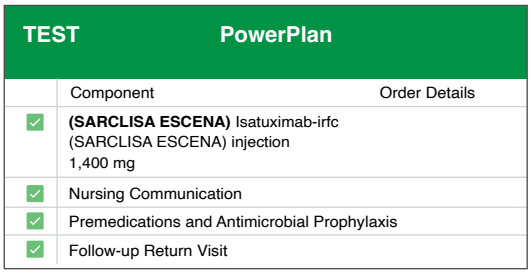
4 Instructions (cont'd)

[see Clinical Studies (14)]

7. In the *Premedications* section, search for and add the SARCLISA ESCENA™ premedications to the PowerPlan and treatment schedule *[see Recommended Premedications and Antimicrobial Prophylaxis (2.3)]*
8. Add any other desired orderable items and information to the PowerPlan and treatment schedule. Consider the Prescribing Information below:
   - No dose reduction of SARCLISA ESCENA is recommended. Dose delay or omission may be required [see *Warnings and Precautions (5.1, 5.2)*]
   - For warnings and precautions, see Section 5 of the Prescribing Information
   - For adverse reactions, see Section 6 of the Prescribing Information
9. Click Task > Save Plan
10. Validate the newly optimized PowerPlan
11. Release to the production environment after completing testing



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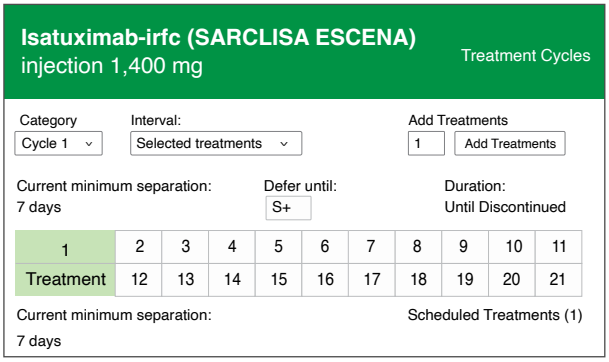

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Neutropenia (cont'd)

Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. In case of grade 4 neutropenia, delay or omit SARCLISA ESCENA dose until neutrophil count recovery to at least 1×10^9/L, and provide supportive care with growth factors, according to institutional guidelines.

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5 Notes

- The customer (eg, physician, medical group, integrated delivery network) shall be solely responsible for the implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system
- Capabilities, functionality, and setup (customization) for each EHR system may vary. Sanofi shall not be responsible for revising the implementation instructions it provides to any customer if the customer modifies or changes its software or the configuration of its EHR system after such time as the implementation instructions have been initially provided by Sanofi
- While Sanofi tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems, and Sanofi shall have no liability thereto
- While EHRs may assist providers in identifying appropriate patients for consideration of assessment, treatment, and referral, the decision and action should ultimately be decided by a provider in consultation with the patient, after a review of the patient's records to determine eligibility, and Sanofi shall have no liability thereto
- The instructions have not been designed for, and are not tools and/or solutions for, meeting Advancing Care Information and/or any other quality/accreditation requirement
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EHR, electronic health record.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Infections

SARCLISA ESCENA can cause severe, life-threatening, or fatal infections. In patients who received SARCLISA ESCENA subcutaneously in combination with Pd, Kd, or VRd (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), fatal infections occurred in 2.9% of patients, serious infections occurred in 29% of patients, and Grade ≥3 infections occurred in 29% of patients. The most commonly reported infections (≥10%) were pneumonia (21%), upper respiratory tract infection (19%), and COVID-19 (12%). The most frequent serious infection (≥5%) was pneumonia (17%).

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6 Important Safety Information

INDICATIONS

SARCLISA ESCENA (isatuximab-irfc) is indicated:

- in combination with bortezomib, lenalidomide, and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT)
- in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy
- in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including lenalidomide and a proteasome inhibitor

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SARCLISA ESCENA is contraindicated in patients with severe hypersensitivity to isatuximab-irfc or to any of its excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity and Other Administration Reactions

SARCLISA ESCENA can cause both systemic administration reactions (SARs), including severe or life-threatening reactions, and local injection-site reactions (ISRs).

Systemic Administration Reactions

In a pooled safety population of 411 patients with multiple myeloma who received SARCLISA ESCENA in combination with pomalidomide and dexamethasone (Pd); carfilzomib and dexamethasone (Kd); and bortezomib, lenalidomide, and dexamethasone (VRd) (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), SARs occurred in 3.2% (Grade 1: 2.2%, Grade 2: 0.7%, Grade 3: 0.2%) of patients. SARs occurred at the first administration in 1.9% of patients and at subsequent administrations in 1.5% of patients. The median time to onset was 4 hours (range: 12 minutes to 3 days). The most frequently reported symptoms of SARs (all below 1%) were pyrexia and dyspnea, and the most frequently reported Grade ≥3 symptom was dyspnea (not collected in IsaSocut study). In multiple myeloma clinical trials with intravenous isatuximab-irfc, anaphylactic reactions occurred in <1% of patients.

To decrease the risk and severity of SARs, premedicate patients prior to SARCLISA ESCENA administration with leukotriene receptor antagonists (at cycle 1 only), acetaminophen, diphenhydramine or equivalent, and dexamethasone.

In case of grade 2 SAR during SARCLISA ESCENA administration, stop current administration and do not complete it. Administer additional premedication, as needed, for subsequent SARCLISA ESCENA administration. In case of grade 3 SAR during SARCLISA ESCENA administration, stop current administration and do not complete it. SARCLISA ESCENA administration may be resumed at the next planned administration. In case of a third occurrence of a grade 3 SAR, permanently discontinue SARCLISA ESCENA treatment. In case of grade 4 SAR, permanently discontinue SARCLISA ESCENA treatment.

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6 Important Safety Information (cont'd)

Injection Site Reactions

In clinical trials of SARCLISA ESCENA in combination with Pd, Kd, or VRd (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), injection site reactions (ISRs) with SARCLISA ESCENA administration were reported in 9% (8% Grade 1 and 1.5% Grade 2) of patients and in 0.86% of injections. Among the SARCLISA ESCENA injections with ISRs, 82% occurred the day of the administration and 4.2% were delayed by at least 3 days. With SARCLISA ESCENA + Pd and SARCLISA ESCENA + Kd, 5% of patients experienced symptoms of ISR (not collected in IsaSocut study). The most frequent (≥1%) symptoms of ISR were injection site erythema (3.3%), injection site swelling (2.1%), and injection site pain (1.5%).

In case of grade 2 ISR during administration of SARCLISA ESCENA, interrupt it and resume it only after recovery to grade ≤1 with pauses during the administration (if using OBDS) or a slower administration (if manual injection). If the Grade 2 ISR occurs after the administration, continue SARCLISA ESCENA treatment after recovery to grade ≤1. In case of grade 3 or 4 ISR, permanently discontinue SARCLISA ESCENA treatment.

In case SARCLISA ESCENA administration using CirCLIQ OBDS needs to be paused, refer to the OBDS Instructions for Use.

Neutropenia

Neutropenia was reported in patients receiving SARCLISA ESCENA subcutaneously in combination with Pd, Kd, or VRd. In clinical trials of SARCLISA ESCENA (IRAKLIA, IZALCO, and IsaSocut, N=411), neutropenia occurred in 86% of patients based on laboratory value. Grade 3-4 neutropenia occurred in 66% of patients based on laboratory value. Febrile neutropenia was reported in 3.4% and neutropenic infections occurred in 13% of patients.

Monitor complete blood cell counts periodically during treatment. Monitor patients with neutropenia for signs of infection. In case of grade 4 neutropenia, delay or omit SARCLISA ESCENA dose until neutrophil count recovery to at least 1×10^9/L, and provide supportive care with growth factors, according to institutional guidelines.

Infections

SARCLISA ESCENA can cause severe, life-threatening, or fatal infections. In patients who received SARCLISA ESCENA subcutaneously in combination with Pd, Kd, or VRd (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411), fatal infections occurred in 2.9% of patients, serious infections occurred in 29% of patients, and Grade ≥3 infections occurred in 29% of patients. The most commonly reported infections (≥10%) were pneumonia (21%), upper respiratory tract infection (19%), and COVID-19 (12%). The most frequent serious infection (≥5%) was pneumonia (17%).

Patients receiving SARCLISA ESCENA should be closely monitored for signs of infection and appropriate standard therapy instituted.

Antibacterial and antiviral prophylaxis (such as herpes zoster prophylaxis) should be considered during treatment.

6 Important Safety Information (cont'd)

Second Primary Malignancies

Second primary malignancies were reported in 3.9% of patients in clinical trials with SARCLISA ESCENA in combination with Pd, Kd, and VRd (IRAKLIA, IZALCO, and IsaSocut, respectively, N=411).

Monitor patients for the development of second primary malignancies and initiate treatment as indicated.

Laboratory Test Interference

Interference with Serological Testing (Indirect Antiglobulin Test)

Isatuximab-irfc binds to CD38 on red blood cells (RBCs) and may result in a false-positive indirect antiglobulin test (indirect Coombs test). This interference with the indirect Coombs test may persist for at least 6 months after the last administration of intravenous isatuximab-irfc. The indirect antiglobulin test was positive during intravenous isatuximab-irfc + Pd treatment in 68% of the tested patients, and during intravenous isatuximab-irfc + Kd treatment in 63% of patients. In patients with a positive indirect antiglobulin test, blood transfusions were administered without evidence of hemolysis. ABO/RhD typing was not affected by intravenous isatuximab-irfc treatment.

Before the first isatuximab-irfc administration, conduct blood type and screen tests on isatuximab-treated patients. Consider phenotyping prior to starting isatuximab-irfc treatment. If treatment with isatuximab-irfc has already started, inform the blood bank that the patient is receiving isatuximab-irfc, and isatuximab-irfc interference with blood compatibility testing can be resolved using dithiothreitol-treated RBCs. If an emergency transfusion is required, non–cross-matched ABO/RhD-compatible RBCs can be given as per local blood bank practices.

Interference with Serum Protein Electrophoresis and Immunofixation Tests

Isatuximab-irfc is an IgG kappa monoclonal antibody that can be incidentally detected on both serum protein electrophoresis and immunofixation assays (IFE) used for the clinical monitoring of endogenous M-protein. In patients with persistent very good partial response, where interference is suspected, consider using a validated isatuximab-specific IFE assay (Sebia Hydrashift) to remove isatuximab-irfc interference and specifically visualize any remaining serum M-protein, to facilitate determination of complete response.

Embryo-Fetal Toxicity

Based on its mechanism of action, isatuximab-irfc can cause fetal harm when administered to a pregnant woman. Isatuximab-irfc may cause fetal immune cell depletion and decreased bone density. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with isatuximab-irfc and for 7 months after the last dose. The combination of isatuximab-irfc with pomalidomide or lenalidomide is contraindicated in pregnant women because pomalidomide or lenalidomide may cause birth defects and death of the unborn child. Refer to the pomalidomide or lenalidomide prescribing information on use during pregnancy.

6 Important Safety Information (cont'd)

ADVERSE REACTIONS

In combination with pomalidomide and dexamethasone: The most common adverse reactions (≥20%) are upper respiratory tract infection, fatigue, pneumonia, musculoskeletal pain, and diarrhea.

In combination with carfilzomib and dexamethasone: The most common adverse reactions (≥20%) are upper respiratory tract infection and musculoskeletal pain.

In combination with bortezomib, lenalidomide, and dexamethasone: The most common adverse reactions (≥20%) are peripheral neuropathy, constipation, diarrhea, fatigue, musculoskeletal pain, upper respiratory tract infections, injection site reaction, insomnia, edema, rash, and erythema.

The most common hematology laboratory abnormalities (≥40%) with SARCLISA ESCENA combination therapies are decreased neutrophils, decreased platelets, decreased hemoglobin, decreased leukocytes, and decreased lymphocytes.

Serious adverse reactions occurred in 53% of patients receiving SARCLISA ESCENA + Pd. Serious adverse reactions in ≥5% of patients who received SARCLISA ESCENA + Pd included pneumonia (20.5%). Fatal adverse reactions occurred in 4.9% of patients who received SARCLISA ESCENA + Pd, including pneumonia (1.5%), sepsis/septic shock (1.5%), death (0.8%), COVID-19, lower respiratory tract infection, hemorrhagic stroke, and sudden death (0.4% each).

Serious adverse reactions occurred in 41% of patients receiving SARCLISA ESCENA + Kd. Serious adverse reactions in ≥5% of patients included pneumonia (11%). Fatal adverse reactions occurred in 5.4% of patients who received SARCLISA ESCENA + Kd, including meningitis (1.4%), acute pulmonary edema (1.4%), acute respiratory distress syndrome (1.4%), and death from unknown cause (1.4%).

Serious adverse reactions occurred in 45% of patients who received SARCLISA ESCENA + VRd. Serious adverse reactions in >5% of patients included pneumonia (8%). Fatal adverse reactions occurred in 2.7% of patients who received SARCLISA ESCENA + VRd, including cardio-respiratory arrest (1.4%) and myocardial infarction (1.4%).

USE IN SPECIAL POPULATIONS

Based on its mechanism of action, SARCLISA ESCENA can cause fetal harm when administered to a pregnant woman. There are no available data on SARCLISA ESCENA use in pregnant women to evaluate for a drug-associated risk.

The combination of SARCLISA ESCENA and pomalidomide or lenalidomide is contraindicated in pregnant women because pomalidomide and lenalidomide may cause birth defects and death of the unborn child. Refer to the pomalidomide or lenalidomide prescribing information on use during pregnancy. Pomalidomide and lenalidomide are only available through a REMS program.

Because of the potential for serious adverse reactions in a breastfed child, advise patients not to breastfeed during treatment with SARCLISA ESCENA and for 7 months after the last dose.

Please see full Prescribing Information.

Reference: SARCLISA ESCENA [prescribing information]. Morristown, NJ: sanofi-aventis U.S. LLC.

SARCLISA ESCENA™
(isatuximab-irfc)
Injection for subcutaneous use
1,400 mg/10 mL